

## Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	E42	12594
TYPIST	335	10-12-94
VERIFIER	81	12/12/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	12
Original	24 3
	44 51
(7) ✓ ✓	
8 ✓ ✓	
(10) ✓ ✓	
(11) ✓	
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## SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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Original	
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